

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF TRANSPORTATION

**WEEKLY TRAINEE REPORT**

REPORT NO. \_\_\_\_\_

WEEK ENDING DATE \_\_\_\_\_

PRIME ☐

SUB ☐

CONTRACTOR \_\_\_\_\_

PROJECT NO. \_\_\_\_\_

CONTRACT ID. NO. \_\_\_\_\_

NAME OF TRAINEE	CODE	CLASSIFICATION	DAY OF WEEK							TOTAL HOURS WKLY	RATE OF PAY	TOTAL HOURS	REMARKS ---- STATUS
			S	M	T	W	T	F	S				
			HOURS WORKED EACH DAY										

I certify that, to the best of my knowledge and belief, the above hours are correct.

INSPECTOR \_\_\_\_\_  
SIGNATURE

CONTRACTOR \_\_\_\_\_  
SIGNATURE

Date \_\_\_\_\_

Orig.: Residency Administrator  
cc: Project Inspector  
District Civil Rights Manager